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FACSIMILE TRANSMISSION COVER SHEET

Date: December 6, 2004

To: United States Patent and Trademark Office
Examiner: Craig, Dwin M.; Art Unit: 2123

Fax: (703) 872-9306

Re: **Application Serial No.: 09/586,433**
Filing Date: 6/2/2000; First-Named Inventor: Bortfeld
Attorney Docket No.: 02CON359P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 14

Message:

Enclosed please find the Response to the Final Office Action dated September 27, 2004.

Thank you.

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Attorney Docket No.: 02CON359P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Ulrich BorfeldSERIAL NO.: 09/586,433 FILED: June 2, 2000FOR: Method and Apparatus for Unified Simulation

Mail Stop AF
 HONORABLE COMMISSIONER FOR PATENTS
 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

- ☐ TOTAL EXTENSION FEE \$ 0.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

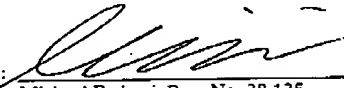
	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	17	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 02CON359P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 12/6/04By: 
Michael Farjami, Reg. No. 38.135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 12/6/04Signature: Name of Person Performing Facsimile Transmission: Christina Carter

Michael Farjami, Esq.
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Facsimile: (949) 282-1002

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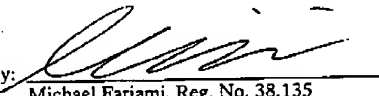
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Art Unit: 2123

Serial No.: 09/586,433

Examiner: Craig, Dwin M.

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Simulation

RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated September 27, 2004 in the
above-referenced patent application. Please enter and consider the following remarks.